

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002570	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/06/2016
NAME OF PROVIDER OR SUPPLIER DOUGLAS NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3516 POWELL LANE MATTOON, IL 61938		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	Initial Comments Annual Licensure and Certification Survey	S 000			
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.1220)b)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/25/16

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S9999	<p>Continued From page 1</p> <p>shall include, at a minimum, the following procedures:</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to complete a comprehensive analysis, identify the root cause of falls, and failed to implement post fall interventions for R14 and R1. This failure resulted in R14 and R1 falling, with R14 sustaining a closed head injury with laceration. R1 and R14 are two of four residents reviewed for falls in the sample of ten.</p> <p>Findings include:</p> <p>1. The Physician Order Sheet for R14 includes the following diagnoses: Difficulty in Walking, Muscle Weakness, Cognitive Deficit and History of Falls. The Minimum Data Set dated 10/19/15 documents that R14 is moderately cognitively impaired and needs assistance of one with ambulation. R14's Care Plan dated 4/21/16 documents R14 had falls on 7/10/15, 10/8/15 and 11/22/15. There is no documentation of an intervention for falls on 7/10 and 10/8/15.</p> <p>The facility report titled "Occurrence" dated 7/10/15 documents R14 falling in the dining room at 5:20 pm. The report does not document a root cause analysis or post fall intervention for R14. The facility Occurrence report dated 10/8/15 documents R14 falling in the dining room at 10:15 pm. The report does not document a root cause analysis and post fall intervention for R14. The facility Occurrence report dated 11/22/15 documents R14 was in the dining room and fell. R14 was observed on the floor with a laceration to the left side of forehead and a skin tear to left hand. R14 had only socks on. There was no</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>alarm in R14's chair. R14's Care Plan (1/23/15) directs staff to ensure that R14 has shoes on or non-skid socks on R14's feet and alarms in wheelchair.</p> <p>Nursing Notes dated 11/22/15 document that R14 is sent to the Emergency Room for evaluation and treatment of a head laceration.</p> <p>Emergency Room (ER) Notes for R14, dated 11/22/15 document the following: "(Patient) presents to the ER via EMS (Emergency Medical System). (Patient) fell during dinner tonight at the (facility). It was an unwitnessed fall. (Patient) unable to recall what happened due to dementia. (Patient) is only able to tell me his name and is unaware of surroundings. EMS reports no LOC (Loss of Concussion) after fall, 2 (two) inch laceration noted above left eyebrow, bleeding controlled. (Patient) also has a small skin tear on the left hand, bleeding also controlled...Emergency Room Course: The Patient has a 5 cm (centimeter) by 0.3 cm gaping laceration noted to the left frontal scalp just above the left eyebrow....5-0 Vicryl interrupted subcutaneous sutures were administered and 6-0 Ethilon external single layer sutures were administered.....The wound was then coated with bacitracin and a dressing was placed over all. Primary Impression: Acute Closed Head Injury (concussion). 5 cm Left Forehead Laceration Status Post Repair. Left Hand Skin Tear. Status Post Acute Fall."</p> <p>On 5/5/16 at 2:25 pm R14 was sitting in the dinning room in a wheelchair. R14 was clothed and had socks on his feet without shoes or gripping material on the soles of the socks.</p> <p>On 5/5/16 at 3:10 pm, E1 stated, "We have had</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>an ongoing problem with fall tracking and identifying root causes. We don't have a Director of Nursing, which is what that position does." E1 stated that R14 should have had shoes or non-skid socks on R14's feet and the alarm should have been on (R14).</p> <p>On 5/5/16 at 3:20 pm E4, Care Plan and Minimum Data Set Coordinator stated, "(R14) has never been able to ambulate safely without assistance since coming to the facility." E4 acknowledged that R14's fall on 7/10/15 had not been root caused properly and an intervention had not been put in place. E4 stated that on 10/8/15 a new post fall intervention had not been initiated and previous interventions were "just continued."</p> <p>On 5/6/16 at 3:50 pm, Z1, Primary Care Physician for R14, stated, "I have reviewed (R14's) falls and I am aware of the fall in the dining room in November. They should have had proper footwear on (R14). (R14) may not have fallen and got the head injury with proper footwear and assistance." Z1 acknowledged that R14's head laceration was caused from the fall on 11/22/15 in the facility and the fall required emergency evaluation and treatment.</p> <p>2. The Physician Order Sheet for R1 documents the following diagnoses: Spinal Stenosis, History of Falls, Muscle Weakness, Difficulty in Walking and Bone/Cartilage Disorder. The Minimum Data Set dated January 2016 and designated as a Significant Change assessment documents R1 as cognitively impaired and is extensive assist in transfers and needs assistance in locomotion in a wheelchair. R1 is non-ambulatory.</p> <p>A facility report titled "Occurrence" dated 2/28/16</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>documents R1 falling at 4:00 pm in R1's room. Nurse statement on the report documents, "Resident confused. Attempted unsafe independent transfer out of wheelchair to ambulate in room. Non-ambulatory. (two) staff assist for transfers, history of falls, (no) incontinence of urine. Alarm not sounding....alarm is not in place." The report does not document a root cause for the fall or a new intervention for R1. R1 is documented to have fallen again on 4/9/16 per the facility Occurrence report dated 4/9/16. R1's Care Plan dated January 2016 documents that R1 is to have an alarm on at all times.</p> <p>On 5/5/16 at 3:10 pm E1 stated..."Until we are able to get a new Director of Nursing to come in and do these things (analyze falls and implement interventions) we have not been able to do it."</p> <p>The facility's "Falls - Clinical Protocol" policy dated September 2012 document "...falls often have medical causes; they are just not a "nursing issue"...cause identification 1...Staff will attempt to define causes within 24 hours after a first fall...or if an individual continues to fall, a physician will review the situation and help identify contributing causes...after more that one fall, the physician should review the resident's gait, balance and medications...The staff and physician will continue to collect and evaluate information until either the cause of falling is identified or it is determined the cause of falling cannot be found...the staff and physician will identify pertinent interventions to try and prevent subsequent falls...if the underlying cause cannot be readily identified or corrected, staff will try various relevant interventions...if interventions have been successful in preventing falling, the staff will continue with current approaches...if the</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>individual continues to fall, the staff and physician will re-evaluate the situation and consider other possible reasons for the resident's falling (besides those that have already been identified) and will re-evaluate the continued relevance of current interventions."</p> <p>(B)</p> <p>300.2010a)1)</p> <p>Section 300.2010 Director of Food Services</p> <p>a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week.</p> <p>1) This person shall be either a dietitian or a dietetic service supervisor.</p> <p>Dietetic Service Supervisor - a person who:</p> <p>is a dietitian; or</p> <p>is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or</p> <p>is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian; or</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>has successfully completed a Dietary Manager's Association approved dietary managers course; or</p> <p>is certified as a dietary manager by the Dietary Manager's Association; or</p> <p>has training and experience in food service supervision and management in a military service equivalent in content to the programs in the second, third or fourth paragraph of this definition.</p> <p>This requirement is not met as evidenced by the following:</p> <p>Based on interview and record review the facility failed to have a qualified Dietetic Service Supervisor who has completed the required training and works 40 hours per week in the facility. This has the potential to affect all 34 residents.</p> <p>Findings include:</p> <p>On 5-4-16 at 1:20am E1, Administrator stated, "E2 (Dietetic Service Supervisor) is currently enrolled in the Dietary Manager's Course. I know we haven't had a Certified Dietary Manager for over two years. The last Dietary Manager was E15."</p> <p>On 5-3-16 at 10:10am E2 Dietary Manager (DM), stated her first classes for the Supervisor's Course started in November 2015. E2 explained there are 24 lessons in the course and they have 2 years to complete including the final exam.</p> <p>According to records provided by E1, the start date for the Dietary Manager Independent Study</p>	S9999			

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S9999	<p>Continued From page 8</p> <p>Program at Auburn University is on 10-26-15 with the course expiration date of 10-26-2017.</p> <p>The Resident Census and Conditions of Residents report dated 5-3-16 states 34 residents reside in the facility.</p> <p>(AW)</p> <p>300.1230b) 300.1230d)1)2) 300.1230j)5) 300.1230k) 300.1230l)1)2)3)4)</p> <p>Section 300.1230 Direct Care Staffing b) The number of staff who provide direct care who are needed at any time in the facility shall be based on the needs of the residents, and shall be determined by figuring the number of hours of direct care each resident needs on each shift of the day. d) Each facility shall provide minimum direct care staff by: 1) Determining the amount of direct care staffing needed to meet the needs of its residents; and 2) Meeting the minimum direct care staffing ratios set forth in this Section. j) Skilled Nursing and Intermediate Care For the purpose of this subsection, "nursing care" and "personal care" mean direct care provided by staff listed in subsection (f). 5) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the</p>	S9999			

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S9999	Continued From page 9 Act) k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act) l) To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used: 1) The facility shall determine the number of residents needing skilled or intermediate care. 2) The number of residents in each category shall be multiplied by the overall hours of direct care needed each day for each category. 3) Adding the hours of direct care needed for the residents in each category will give the total hours of direct care needed by all residents in the facility. 4) Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period. These requirements are NOT MET as evidenced by: Based on record review and interview the facility failed to have ten percent of nursing and personal care time provided by a Registered Nurse (RN) for four of 14 days reviewed. This failure has the potential to affect all 34 residents residing in the facility.	S9999		

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S9999	<p>Continued From page 10</p> <p>Findings include:</p> <p>On 5/5/16 E1 Administrator provided a staffing spread sheet for the period of 4/10/16 through 4/23/16 documenting a daily average of 8.2 skilled care residents residing in the facility and a daily average of 26.7 intermediate care residents residing in the facility. The calculated total daily staffing requirement equals 98 hours, with 9.8 daily hours required for Registered Nurses.</p> <p>Staffing Spreadsheet RN Shortages:</p> <p>4/15/16: RN hours documented at 2.75 hours, a shortage of 7.05 hours</p> <p>4/16/16: RN hours documented at 2 hours, a shortage of 7.8 hours.</p> <p>4/17/16: RN hours documented at 2 hours, a shortage of 7.8 hours.</p> <p>4/20/16: RN hours documented at 2 hours, a shortage of 7.8 hours.</p> <p>On 5/5/16 at 12:15 PM, E1 Administrator confirmed the hours on the facility's staffing spread sheet are accurate and acknowledged the facility did not have eight consecutive hours of RN coverage on 4/15/16, 4/16/16, 4/17/16, and 4/20/16.</p> <p>The Resident Census and Conditions of Residents report dated 5/3/16 documents 34 residents currently reside in the facility.</p> <p>(AW)</p>	S9999			